Case 3:16-md-02738-MAS-RLS Document 25279-1. Filed 09/20/21 Page 1 of 2 PageID 150894

STATE OF MARYLAND

320210108860000	if anv)		Certifica	te of Death	<u> </u>	File 2 Date of I	Number Death		1D010885*	
PEGGY SHECKELLS THO					İ	03/05/20	i	0454		
a. Facility Name 4220 FOX HALL ROAD	dikkan pliya da Milanda da galam da da jamba ngayan ngahana na ngayanaya ng ngangga gair ngayar	4b. City, Town or Location of DOWELL					unty of Death /ERT			
Social Security Number	6. S	Sex	7. Age 78 YR	8. Date of Bit 01/16/1943		9. Birthplace MARYLAND				
Isual Residence of Decedent 0a.State MARYLAND		County		10c. City, Tov	wn or Location	Restaurant transcription and the control of the con	10d. Inside City Lin NO		side City Limits?	
0e. Address 14220 FOX HA	LL ROAD	······					10	10f. Zip Code 20629		
1. Marital Status VIDOWED (AND NOT (EMARRIED)	1 -	Ever in U.S. ned Forces?	13. Hispanic Origi	in? NO		14. Race WHITE			PARTE PARTE IN THE PARTE	
5. Decedent's Education S OR GED		100 to	16a. Decedent's U TECHNICAL A			16b. Business/Industry U.S. NAVY			langking dan Aprilangsja n om menemen er eft av skr ^e en har Ab	
Father's Name LLIOT SHECKELLS	18. Mother's Name Prior to First Marriage VIRGINIA DOWELL									
9. Surviving Spouse's Name					***************************************					
ARK GREEN			20b. Informant's Relationship SON	20c Informat 492 CRYS	formant's Mailing Address RYSTAL DRIVE, MADIRA BEACH, FLORIDA 337				\ 33708	
a. Method of Disposition REMATION		D. Place of Dis NUSCH CRE		21c. Date of 03/06/2021			RICAN LA	AN LANE P O BOX 600, RYLAND 20657		
2a. Signature of Funeral Servi IATTHEW WILSON	ce Licensee	<i>E</i> .	22b. License No M01925	RAUSCH F	nd Address of Fu FUNERAL HO CAN LANE P	ME PA		, MD 2	0657	
Ba. Part I. Disease, injuries, or commediate Cause (final disease condition resulting in death	COMA				Approximate Interval Between Onset and De 33 MONTHS					
onditions, if any, leading immediate cause	b	consequence of):						Balancon de Propertie de Prop		
	•	consequence of):				on, or and virtue or products processes or in the				
art II. Other significant condition	ds centributing to		resulting in the underlyin						id tobacco use oute to the caus th?	
	re autopsy find prior to comp death?		25a. Was case ret to medical exami	140	25b. Medical Ex	aminer Cour	ntersignatui	re		
26. Place of Death HOME			27. Manner of Dea	27. Manner of Death NATURAL			28a. Date of Injury 28b. Ti		28b. Time of Ir	
3c How injury occurred	M	4		28d Injury at work?	28e.Transpor tation Injury?	281. Place	of injury	:		
g. Location of Injury		**************************************								
		ture and Title of Certific	e and Title of Certifier L. ABBOTT, M.D.			29c. Licer	nse No	29d. Date sign		

14220 FOX HALL	3:16-md-027 ROAD	38-MAS-RLS	S Document : 150	25270010 0895	VI-1166709/2	0/21 P	age 2 of	CALVERT		
5. Social Security Nun 216408372		6. Sex	7 Age 78 YR	8. Date of B 01/16/194	irth	9. Birthplace MARYLAND				
Usual Residence of Dec 10a State MARYLAN	ual Residence of Decedent 10b. County a State MARYLAND CALVERT			10c, City, Town or Location DOWELL			10d, Inside City NO			
e. Address 14220	FOX HALL ROAL)		-4	***************************************		10f.	Zip Code 20629		
11. Marital Status WIDOWED (AND I REMARRIED)	IDOWED (AND NOT Armed Forces?			13. Hispanic Origin? NO			14. Race WHITE			
15. Decedent's Educat HS OR GED	tion	16a. Decedent's Usual Occupation TECHNICAL ADMINISTRATOR E-2C			16b. Business/Industry U.S. NAVY					
17. Father's Name ELLIOT SHECKEL	LS		and the same of th	18. Mother's VIRGINIA	Name Prior to Fi DOWELL	rst Marriage				
19. Surviving Spouse'	s Name	a territoria de la proposició de la company de la comp	W							
20a. Informant's Name MARK GREEN		Ob, Informant's Relationship SON	20c. Informant's Mailing Address 492 CRYSTAL DRIVE, MADIRA BEACH, FLORIDA 33708							
21a Method of Dispos CREMATION	ition	21b. Place of Dispo RAUSCH CREA		21c. Date of 03/06/202	Disposition 1	21d Locat 20 AMER LUSBY.	E P O BOX 600. ⊇ 20657			
22a Signature of Fune MATTHEW WILSO		e 6	22b. License No M01925	RAUSCH	FUNERAL HO	ess of Funeral Facility RAL HOME PA ANE P O BOX 600, LUSBY, MD 20657				
1mmediate Cause (final or condition resulting in Conditions, if any, leading to immediate cause	disease a	STATIC OVARIA	the death N CARCINOSARC	COMA			5	sporoximate interval Between Onset and Death 33 MONTHS		
Part II, Other significant	ď		sulting in the underlying	cause in Part I			0	35. Did tobacco use contribute to the cause of death?		
					**************************************			40		
24a Was an NO autopsy performed?	24b. Were autopsy to available prior to co cause of death?		25a. Was case refe to medical examine		25b. Medical Ex	xaminer Countersignature				
26. Place of Death HOME			27. Manner of Deat	h	***************************************	28a. Date o	28b. Time of Injur			
28c How injury occurr	red			28d, Injury at work?	28e.Transpor tation Injury?	28f. Place	of injury			
28g. Location of Injury	,		**************************************			L				
29a. Certifier Type CERTIFYING PHY			e and Title of Certifier L. ABBOTT, M.D.			29c. License No © 56024		29d. Date signed 03/05/2021		
30a. Name of person v KENNETH L. ABB		e of death	30b. Address of pe 110 HOSPITAL				/ARYLAND	20678		
For Office Use Only:										
31. Date Filed 03/08/2021	32. Registrar at Filir CRYSTAL D. W		33. Date Issued 03/08/2021			s a true and correct copy of the official record on file in ision of Vital Records.				